

**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
STATE DIRECTOR JOHN H. MAGILL**

**BECKMAN CENTER FOR MENTAL HEALTH SERVICES  
EXECUTIVE DIRECTOR MELANIE E. GAMBRELL**

**Spring 2012**

DMH  
OPERATES A  
NETWORK OF  
SEVENTEEN  
COMMUNITY  
MENTAL HEALTH  
CENTERS,  
42 CLINICS,  
FOUR  
HOSPITALS,  
THREE  
VETERANS'  
NURSING  
HOMES, AND  
ONE  
COMMUNITY  
NURSING HOME.

### DMH HOSPITALS AND NURSING HOMES

#### Columbia, SC

G. Werber Bryan Psychiatric  
Hospital

William S. Hall Psychiatric  
Institute (Child & Adolescents)

Morris Village Alcohol & Drug  
Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care  
Center - Stone Pavilion  
(Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care  
Center - Roddey Pavilion

#### Anderson, SC

Patrick B. Harris Psychiatric  
Hospital

Richard M. Campbell  
Veterans Nursing Home

#### Walterboro, SC

Veterans Victory House  
(Veterans Nursing Home)

## DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. But it was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'. This legislation made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational in 1828 as the South Carolina Lunatic Asylum. The facilities

grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well over 6,000 patients on any given day. From 1828 through 2011, South Carolina state-run hospitals and nursing homes treated over 947,000 patients and provided over 148,500,000 bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

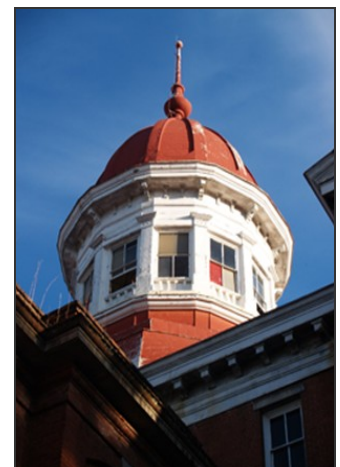
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built. The centers and clinics have served over 2,800,000 patients, providing over

38,000,000 clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 42 clinics, three veterans' nursing homes, and one community nursing home. DMH is one of the largest hospital and community-based systems of care in South Carolina. In FY11, DMH outpatient clinics provided 1,175,482 clinical contacts and DMH hospitals and nursing homes provided nearly 530,000 bed days. Last year, DMH treated nearly 100,000 citizens, including approximately 30,000 children and adolescents.

DMH  
MISSION:  
TO SUPPORT  
THE RECOVERY  
OF PEOPLE  
WITH  
MENTAL  
ILLNESSES.



Babcock Building Cupola



## THE BECKMAN CENTER FOR MENTAL HEALTH SERVICES

1547 Parkway  
Greenwood, SC 29646  
(864) 229-7120

Counties Served: Abbeville, Edgefield, Greenwood, Laurens,  
McCormick, Newberry, and Saluda

### THE BECKMAN CENTER FOR MENTAL HEALTH SERVICES EXECUTIVE DIRECTOR MELANIE E. GAMBRELL

Executive Director Melanie E. Gambrell, LPC, is a 14 year veteran of the Beckman Center for Mental Health Services (Beckman). Beginning as a school-based clinician with the Edgefield Mental Health Clinic in 1997, she rose through the ranks to become center director in 2007. Along the way she served as the Edgefield clinic director; director of services to Children, Adolescents and their Families; and assistant director of Clinical Services. This journey has given her unique perspective and vision related to mental health center operations.

When asked what Beckman does best, Ms. Gambrell is quick to respond, “Serve seriously mentally ill clients.” This is accomplished by remaining mission-focused and not attempting to spread services too thinly. In no way should this suggest a lack of innovation. On the contrary, Beckman is proud of its vision and ability to apply innovation during a time of increased challenge. Several of these innovations will be highlighted throughout this profile.

Ms. Gambrell also believes that partnering with the com-

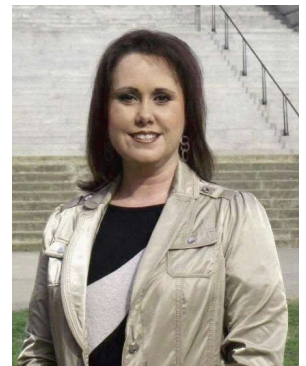
munity is something we do best. Forging strong community relationships has long been a necessity due to our large catchment area. Beckman works alongside seven probate judges, seven county sheriffs and substantially more police departments, 11 school districts, five hospitals, and assorted configurations of social service and assistance providers. In addition, there are four four-year colleges and universities and a seven-county Technical College system with campuses in each county. Partnering has long been a way of life in this area. Today we are especially proud to be a leader in partnership with our federally qualified health care provider, Carolina Health Centers. We have collocated staff in the Carolina Children’s Center and in the Uptown Family Practice with negotiations underway for expansion. Ms. Gambrell believes that building partnerships is key to our future and believes that those, such as the planned partnership between the Laurens County Hospital, Carolina Health Centers and Beckman, will become our model.

The news is filled with information affecting possible systemic challenges. When

asked, however, about future challenges a bit more personal to Beckman, Ms. Gambrell cited the Center’s changing leadership structure. Currently key to Beckman’s strength is its 14 member management team. Within the next three to five years, approximately half of these members face retirement potential. Many in the group are long-term Beckman employees with a valuable sense of history and experience not easy to replace. Both short-term and long-range planning have embraced the need for ongoing mentoring and succession planning. Ms. Gambrell has accepted this as a professional challenge she will navigate through transition.

Another key leadership structure is Beckman’s Quality Improvement Team (QIT). This seven member group serves as Beckman’s leadership processing unit, filtering information and formulating recommendations for Management Team. During its monthly meeting, many of Beckman’s innovations are born.

Simply put, Ms. Gambrell’s goal for Beckman is “that we provide good quality services to our clients. If we can continue to do that, all else will follow.”



Melanie E. Gambrell,  
Executive Director

SINCE 1963,  
BCMHS HAS  
PROVIDED  
MORE THAN  
2,137,000  
SERVICES/  
OUTPATIENT  
CONTACTS TO  
ADULTS,  
CHILDREN,  
AND FAMILIES  
WHO ARE  
IMPACTED BY  
MENTAL  
ILLNESS

## BECKMAN CENTER HISTORY ELAINE FONTANA, DIRECTOR OF QUALITY MANAGEMENT



Elaine Fontana,  
Director of Quality Management

THE YEAR 2013  
WILL  
COMMEMORATE  
BECKMAN'S 50<sup>TH</sup>  
ANNIVERSARY.  
WE ARE PROUD  
TO CELEBRATE  
THE  
EVOLUTION OF  
MENTAL  
HEALTH CARE  
IN THIS AREA  
AND LOOK TO  
THE FUTURE  
WITH  
OPTIMISM.

Elaine Fontana's 38 year relationship with Beckman affords a unique perspective. During those years, service was broken by her employment with the local alcohol and drug agency and the area technological college, but partnership with the Center remained. Recruited to return in 1987, her first assignment was to guide Beckman through the then newly passed SC Involuntary Commitment Laws. A much paraphrased quote reads to the effect that "you can't know where you are going until you know where you have been." Currently supervising a department responsible for Corporate Compliance, Quality Assurance, Risk Management, CARF Accreditation, Information Technologies, Credentialing, and Employee Health, Ms. Fontana believes in the truth of that statement. "I could not juggle all these areas without three things . . . great staff responsible for their various functions, a center director and executive staff who are great partners, and a sense of history upon

which to build. I've pretty much grown up with Beckman. I believe in the power of positive expectation and have no room for failure. We must remain visionary and when we hit challenges simply redirect."

The Center opened its doors to serve the residents of Abbeville, Edgefield, Greenwood, Laurens, and McCormick counties on January 7, 1963. The original clinic, named the Area Five Mental Health Center, was located in Greenwood and staffed with two full-time employees and one part-time psychiatrist. Saluda County became part of the Center in 1964 and Newberry County in 1965, giving us the seven county area that Beckman continues to serve. In 1966 the name of the Center was officially changed to The Beckman Center for Mental Health Services, in memory of W.P. Beckman, M.D., who had served for many years as the state director of Mental Health and was a pioneer during the original community mental health

movement. Two unique features identify Beckman. It is currently the only community mental health center to be named for an individual rather than an area. Second is the massive territory served. With over 3,300 square miles encompassing seven counties, it serves the largest catchment area in the state.

In 1997, Beckman became accredited through the Commission on Accreditation of Rehabilitative Facilities (CARF) and has remained so without interruption.

Today Beckman provides affordable and accessible mental health care throughout its seven counties. Each site is staffed by professionals trained to provide quality care for the mental health needs of the community, utilizing a mission-driven focus. The year 2013 will commemorate Beckman's 50<sup>th</sup> Anniversary. We are proud to celebrate the evolution of mental health care in this area and look to the future with optimism.

### Numbers at a Glance for Fiscal Year 2011

	BCMHS	DMH Statewide
Adult Outpatients Served	2,159	59,427
Child Outpatients Served	1,827	30,058
Total Outpatients Served	3,986	89,485
Population	256,216	4,625,364
Clinical Contacts Provided	59,733	1,175,482
School-Based Schools	25	388
Children Served by School-Based Programs	539	12,064
Supported Community Living Environments	149	3,395





## THE BECKMAN BOARD OF DIRECTORS

Beckman is guided by a 15 member Board representing per capita populations of the counties we serve.

Representative of this dedicated group are members Beth Cali and Lee Kennerly. Exemplary of the tenure among members, Ms. Cali has served for 22 years. Retired now, she started while a guidance counselor for Edgefield Schools who had a strong interest in mental health and liked community involvement. Mr. Kennerly has been a member for approximately five years. He retired from the Anderson-Oconee-Pickens Mental Health Center but did not want to retire from his interest in mental health nor from his love of our clients. Board membership allowed him to stay involved.

Both agree that their primary role as board members is to support our executive director. They also see themselves as advocates for mental health issues with considerable knowledge and experience to offer.

When asked how they believe Beckman is perceived by the community, Mr. Kennerly's response is positive, especially in collocated efforts such as school-based services. He elaborates that the Board contributes to this by focusing on mental health's investment in the community and related opportunities for proactive involvement. The Board has accepted responsibility for communication with our elected officials. Through educational and supportive correspondence as well as legislative visits, board mem-

bers keep the needs of Beckman and mental health in general "up-close and personal."

Ms. Cali and Mr. Kennerly were asked about their vision for Beckman over the next 5 to 10 years. Both agree that they would like to see us widen our abilities to serve the needs of more people. They are quick to add, however, that additional resources are needed to accomplish this. Mr. Kennerly worked in the field during a time when services to the "walking worried" were available.

As to whom our Board members are as individuals, both agreed that members bring who they are and their values into Board service with the underlying motivation to "help people in need."



Lee Kennerly & Beth Cali,  
Board Members

THE BECKMAN  
CENTER IS  
GUIDED BY A 15  
MEMBER BOARD.

## PARTNERSHIPS WITH ELECTED OFFICIALS

### THE HONORABLE FLOYD NICHOLSON

#### SC SENATOR, DISTRICT 10

#### FORMER GREENWOOD CITY MAYOR, 14 YEARS

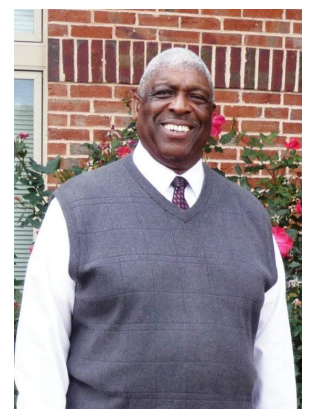
#### FORMER GREENWOOD COUNTY COUNCIL, 10 YEARS

Another driving force behind Beckman's success can be found in strong partnerships with elected officials at home. The Honorable Floyd Nicholson is a long standing example of this support. Senator Nicholson, a former Greenwood School District 50 teacher, coach, case manager, and administrator knows firsthand the benefits of school-based services and cites this as an area the Center does extremely well. He also credits Adult Services as offering excellent care to those who

need them. He sums up mental health services as a "win-win" for all in the community.

Born and raised in Greenwood, he remembers much social change over the years. He sees very favorably that families and clients can be served at home and remembers a time when that was not generally the case. As a public servant, he acknowledges the cost savings provided by community-based programs as well as the recognized client

benefit. Knowing the programs and what they can do helps him fulfill his political responsibilities. No matter what the situation, he believes that no one can live in the past, and that as a community leader it is his job to move forward. "If you have something you want to do, you will not do it unless you attempt it," he said. As to future challenges, he believes mental health will be fine as long as there are enough staff available to cover needs.



The Honorable Floyd Nicholson,  
South Carolina State Senator

## TELE-MEDICINE VIA WEB CAM

### DR. EMAN SHARAWY, BECKMAN MEDICAL CHIEF MITCHELL KNEECE, LEAD SYSTEM ADMINISTRATOR



Dr. Eman Sharawy,  
Beckman Medical Chief



Mitchell Kneece,  
Lead System Administrator

The application of information technologies in clinically assistive innovations is synonymous with Beckman. As the first community mental health center to develop and utilize electronically fillable clinical forms and the first to establish a paperless electronic medical record (EMR), it then seems natural that we be the first with local center application of computer assisted service delivery. This latest innovation is due in large part to the vision and hard work of Dr. Eman Sharawy and Mitchell Kneece. Motivated by miles of catchment area, limited physician availability, and growing client need, this approach allows the physician to be in one clinic while the client is in another. Currently, Beckman is piloting the concept with a physician set up in McCormick and the client center established in Laurens. There were issues of privacy, need to assure equipment compliance with provider standards, and quality of data transmission to consider. As lead system administrator,

Mitchell Kneece fielded these concerns, accepting guidance from DMH Information Technology. The result has been a dual monitor set up for the physician so that the client's record in EMR can be available on one screen and the client interaction present on the other. Both stations use a camera and computer loaded with Polycom Telepresence M100 software. The computer dedicated to the client station is completely secured in a locked cabinet to protect equipment and the network. Mr. Kneece stresses the importance of an identified staff member in the client site who is knowledgeable of equipment and function. Often a support staff person logs on to the site and has it functioning before introducing the client into the setting. The client is then left to the privacy of his or her session. Dr. Sharawy is extremely pleased with the project thus far stating that, "Resolution remains good and functionality has not been problematic thus far. Being able to minimize driving time

between clinics has allowed additional time to focus on client care." Dr. Sharawy also views this as a recruiting tool in a time when competition for physicians is great. An additional benefit has become the ability to connect client and clinician with an interpreter when needed.

When asked about goals over the next 5 years, responses were different yet unknowingly connected. Inspired by participation in various DMH leadership opportunities, Dr. Sharawy acknowledges that she would like to have a hand in developing the administrative side of her job. Mr. Kneece described his interest as "keeping Beckman the front runner in technology." Unbeknownst at this time and just one month later, Beckman was awarded funding to establish web cam connectivity among all of its clinics. Implementation over the coming months will afford both Mr. Kneece and Dr. Sharawy the opportunity to pursue their goals.

"BEING ABLE TO MINIMIZE DRIVING TIME BETWEEN CLINICS HAS ALLOWED ADDITIONAL TIME TO FOCUS ON CLIENT CARE."

## PRIMARY HEALTH CARE PROVIDER PARTNERSHIP

### KIMBERLY KAPETANAKOS, LMSW

Several years ago, the President's New Freedom Commission on Mental Health published findings supporting mental health as essential to overall health, emphasizing the relationship in primary health care settings. Taking a proactive approach, Beckman and Carolina Health Centers have proven such a partner-

ship can be effective. Kimberly Kapetanakos represents a growing group of mental health professionals collocated in the primary health care setting. For the past five years, Ms. Kapetanakos has been a Child, Adolescent and Family therapist whose office is in the Greenwood Community Children's Center. A

Carolina Health Center grant helps to support this partnership, which allows Ms. Kapetanakos to work directly with the medical staff and clients on a daily basis. Families respond positively to her accessibility, allowing most visits to meet multiple needs. "I support expansion of such positions in the future," Ms.

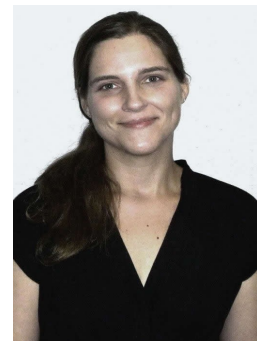
## PRIMARY HEALTH CARE PROVIDER PARTNERSHIP KIMBERLY KAPETANAKOS, LMSW (CONTINUED FROM PAGE 6)

Kapetanakos said, “because I’ve seen first-hand the benefits to families.” Her success and that of the partnership is enhanced by her philosophy that “we are held responsible to what is greater than oneself.” “I just want to make a difference,” she modestly

states.

She has made a difference and her success supported the addition of another colocated clinician in Carolina Health Center’s Uptown Family Practice. Ms. Kapetanakos supervises this staff member,

who will provide services primarily to adults alongside their primary health care providers. Ms. Kapetanakos hopes this relationship continues to grow, uniting and supporting holistic care in our communities.



Kimberly Kapetanakos, LMSW,  
Primary Health Care  
Provider Partnership

## THE BATESBURG PROJECT, A MULTI-CATCHMENT AREA COLLABORATION HEATHER O’DELL, DIRECTOR NEWBERRY MENTAL HEALTH CLINIC

As South Carolina’s and the nation’s financial problems grew, Beckman, in its usual proactive mode, began cost containment. We adopted the stance of “right-sizing” rather than “down-sizing.” Early in 2011, however, Beckman Management realized they had little to no budget cuts remaining without taking more significant measures. Intensive study of our clinics, populations, staffing patterns, resource utilization and related service provider patterns demonstrated that the most feasible consolidation effort involved our Saluda Clinic. Saluda’s migration patterns reflected its affability toward Newberry, Edgefield, Greenwood, and even Lexington counties. As consolidation was explored, a fortuitous event occurred. Not knowing any of our considerations, Lexington County Community Mental Health Center Executive Director Richard Acton approached Beckman’s director with an interesting and unprecedented offer. Lexington’s Batesburg satellite clinic joined a former clubhouse location. Currently vacant,

the space was continuously leased by the Center but without funds to staff the space. Since Batesburg is actually divided between Lexington and Saluda counties, would Beckman be interested in partnering to provide staff? The vision was that such an arrangement would offer services to clients from both counties, as well as potentially include Aiken County, which also borders Saluda. It was then that the Batesburg Project was conceived.

Over the summer, Beckman took steps to prepare the Saluda community for the change. Teams met with other service providers and community leaders. Every clinic record was staffed for clinical recommendations. Saluda staff were prepared for transition to new locations and duties. Transportation challenges were identified and solutions strategized. Integration of Project staff with existing Batesburg staff was facilitated. Information Technology relocations occurred. Supplies and equipment were moved, and finally, following Labor Day, the first clients

were served in a Batesburg-based Rehabilitative Psychosocial Services group. Since then client numbers have increased, further sharing of staff has occurred, mutual benefits have been realized, and challenges overcome. Today, we have proof that such a partnership can work and work to the benefit of our clients.

Much responsibility for Beckman’s success in this venture goes to Newberry Clinic Director Heather O’Dell. Part of the fit between Newberry and Saluda services is the experience of Ms. O’Dell as former Saluda Clinic director and current Newberry director. Familiarity with her leadership eased the transition and acceptance. Instead of “seeing Ms. O’Dell in Saluda,” clients were “seeing Ms. O’Dell in Newberry.” Ms. O’Dell is quick to acknowledge that this project has had its challenges, some of which continue. But true to her professional baseball father and her driving philosophy, “If you build it, they will come.”



Heather O’Dell,  
Newberry Clinic Director

MUTUAL  
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TO SUPPORT THE RECOVERY OF  
PEOPLE WITH MENTAL ILLNESSES.

## SC DEPARTMENT OF MENTAL HEALTH

2414 Bull Street  
Columbia, South Carolina 29201

Phone: (803) 898 - 8581

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WWW.SCDMH.ORG

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WWW.BECKMANCENTER.COM

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## THE BECKMAN CENTER FOR MENTAL HEALTH SERVICES

1547 Parkway  
Greenwood, SC 29646  
(864) 229-7120

### Satellite Clinics:

Abbeville Mental Health Clinic  
101 Commercial Drive, Abbeville, S.C. 29620  
(864) 459-9671

Edgefield Mental Health Clinic  
409 Simpkins Street, Edgefield, S.C. 29824  
(803) 637-5788

Laurens Mental Health Clinic  
442 Professional Park Road, Clinton, S.C. 29325  
(864) 938-0912

McCormick Mental Health Clinic  
202 Hwy. 28 North, McCormick, S.C. 29835  
(864) 465-2412

Newberry Mental Health Clinic (also serving Saluda)  
2043 Medical Park Drive, Newberry, S.C. 29108  
(803) 276-8000

## RECOVERY SPOTLIGHT – TOMARA M.

My recovery and ability to live with Bipolar disorder has been aided by many resources. In addition to medication, my family, doctors, counselors, friends and prayer have helped me. I also write poetry, take photographs, listen to music, and draw geometric ink designs. Steps for improving and staying on the right path for my life have included:

- Meeting with counselors and opening up about my emotions and feelings.
- Taking medications as prescribed and informing my doctor of any side effects and how my mood has been affected.
- Using public assistance to have access to my medication, doctors, and counselors.
- Keeping a journal and mood chart.
- Allowing my family to provide emotional and financial support.
- Giving myself the right to have a bad day.

I have also attended group therapy.

I often ask God to bless me that I'll be able to feel positive thoughts. He is my friend and I thank him for being there for me and for being patient with me.

I'd like to express my deepest appreciation to friends, family, counselors, doctors and community leaders who support the efforts to assist mentally ill patients. I am so grateful for all of the resources that have been and continue to be available in my recovery.



Tomara M.